

FOREIGN  
NONPROFIT CORPORATION

STATE OF MAINE

AMENDED APPLICATION FOR  
AUTHORITY TO CARRY ON ACTIVITIES

\_\_\_\_\_  
Deputy Secretary of State

A True Copy When Attested By Signature

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Corporation)

Pursuant to [13-B MRSA §1207](#), the undersigned foreign corporation executes and delivers the following Amended Application for Authority to Carry on Activities:

**FIRST:** The jurisdiction of its incorporation is \_\_\_\_\_.

**SECOND:** The date on which it was authorized to carry on activities in the State of Maine is \_\_\_\_\_.

**THIRD:** The proposed amendment to its application of authority is \_\_\_\_\_  
\_\_\_\_\_.

**FOURTH:** The corporate name of the corporation has been changed to (If no change, so indicate.) \_\_\_\_\_  
\_\_\_\_\_ under the laws of its jurisdiction of  
incorporation on \_\_\_\_\_.  
(date)

**FIFTH:** If the real corporate name is not available, the **fictitious** name under which it proposes to apply for authority to carry on activities in the State of Maine is (If not applicable, so indicate.) \_\_\_\_\_  
\_\_\_\_\_.

☐ Form MNPCA-5 accompanies this application.

A **fictitious name** is a name adopted by a **foreign corporation** authorized to carry on activities in this State because its real name is unavailable pursuant to §301-A.

**SIXTH:** The activity (activities) which it seeks to pursue in the State of Maine is (are) authorized by the laws of its jurisdiction of incorporation and consist(s) of (If no change, so indicate.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**SEVENTH:** The **new** address of its registered or principal office, wherever located, is (If no change, so indicate.)

\_\_\_\_\_  
(street, city, state and zip code)

**EIGHTH:** The address of the registered office of the corporation in the State of Maine is \_\_\_\_\_

\_\_\_\_\_  
(street, city, state and zip code)

**DATED** \_\_\_\_\_

\*By \_\_\_\_\_  
(signature of any duly authorized individual)

\_\_\_\_\_  
(type or print name and capacity)

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\*This document **MUST** be signed by any duly authorized individual.

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**